

QUALIFICATION OF APPLICANT FOR EXAMINATION

APPLICANT'S

NAME IN FULL:

DATE OF BIRTH:

ADDRESS: Street

City:

State:

Zip:

Area Code

Phone Number:

EDUCATIONAL EXPERIENCE

COLLEGES, UNIVERSITIES:

DATE OF GRADUATION: DEGREE ACQUIRED:

School approved by Board: ☐ Yes ☐ No

Total years of educational experience.

PROFESSIONAL EXPERIENCE

Employer/Supervisor:

Employer/Supervisor

Total years of professional experience.

REFERENCE

References supportive of applicant. ☐ Yes ☐ No

I certify that the above information has been verified and is accurate.

Date

Board Administrator

The recommendation of the State of Alabama Board of Examiners of Landscape Architects that the applicant be admitted to the next scheduled written examination is as follows:

Date

Board Chairman

☐ Approved ☐ Rejected

Date

Board Secretary

☐ Approved ☐ Rejected

Date

Board Member

☐ Approved ☐ Rejected

STATE OF ALABAMA BOARD OF EXAMINERS OF LANDSCAPE ARCHITECTS
908 South Hull Street • Montgomery, AL • 36104